



Client No. 2036		Client Name OH MATERIALS				Location 1002 OSWEGO ST. UTICAH, N.Y.		Date 8/9/87				
Facility Equipment	Detect Clock N/A	Weapon No. N/A	Holster N/A	Nightstick N/A	Raincoat 1	Flashlight 2	Other Log Book / 2 Keys / Radio					
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) GEORGE, JOHN D				Officer—Swing Shift (Name) Kenneth Felip		Officer—Grave Shift (Name) Dick Kokoszki				
		Shift Began 8 AM PM Ended 4 AM PM				Shift Began 1600 AM-PM Ended 12 mid AM-PM		Shift Began 12 M AM-PM Ended 8 AM-PM				
Observations or actions taken	Yes	No	Explanation		Yes	No	Explanation		Yes	No	Explanation	
Rounds or stations missed		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Unlocked vaults or safes		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Fire-smoke-or hazards		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
2. Sprinkler system defective		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
4. Rubbish accumulation		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
5. Motors running		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		2000 turn off station			<input checked="" type="checkbox"/>		
Injury hazards		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Visitors		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		OHM & EPA PEOPLE	
Trespassing		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	OH SITE	
Violation of company rules		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Remarks (1745 turn off station) (840 all E.P.A. & OHM people off site)												

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No	Yes No	Yes No
Signatures	John D. George				Kenneth Felip				Dick Kokoszki			
Signatures												
Signatures												

439242

